

SAGASHTAWAO HEALING LODGE REFERRAL PROCESS

REFERRAL PROCESS/ADMISSION CRITERIA

General information for Referral Worker/Agency

Referral will be accepted from the following sources

- Self referrals – will be considered, however Referral forms must be completed by community worker, i.e., NNADAP Worker/Mental Health agencies, etc
- Community based referral workers

Sagashtawao Healing Lodge requires all referrals to be mailed as a complete package. This must include completed medical assessment forms. Faxed referrals **WILL NOT** be accepted. Incomplete referrals received will not be processed

Referral forms will be mailed to referral workers/agencies when requested. Please ensure that you make copies for future use. We will no longer be faxing out our referral forms.

Mandatory –TB test results must be received

Families must bring personal belongings as stated in “Information/Checklist”

Travel arrangements must be prearranged by the referring agency. Sagashtawao Healing Lodge does not take care of travel arrangements; however, Sagashtawao Healing Lodge will contact agencies if families are discharged from treatment for medical reasons or if families are not suitable for treatment

All appointments with doctors, dentists, etc must be taken care of prior to admission. It is important for families to stay focused on treatment

A family member who has been released from correctional institutions may be considered for admission to treatment; however, the family member must have a 30 day pre-treatment plan and aftercare plan developed with their community worker

Sagashtawao Healing Lodge does not dispense over the counter medications, including Tylenol, Aspirins, sleeping aids, cough syrups, altering substances, i.e., Prozac, tranquilizers, etc.,

Families must bring their own spending money or make arrangements for pay periods

Completion of the referral and medical is a requirement from each family member. All forms must be received two weeks prior to all admission dates for screening procedures

Once the screening procedure has been completed, a letter of acceptance/declined will follow

A pre-admission case conference via video-conferencing will be used to communicate with NNADAP/Mental Health workers with clients present

We do not accept women who are pregnant because the program is both emotionally and physically demanding which could cause undue stress to the mother and the developing infant

Sagashtawao Healing Lodge follows Traditional practices. All families are encouraged to participate

fully in the program which has been designed particularly for them by Traditional Healers or Elders and the Treatment team

Families must be willing to abide by Sagashtawao Healing Lodge rules and code of conduct while on the premises

Families must be willing to allow their baggage and possessions to be examined upon arrival and upon departure of Sagashtawao Healing Lodge

We ask referring agencies to be aware of our admissions & criteria before referring families. We focus on providing healing programs and services to families who accept responsibility for their healing and are willing and able to work towards it

Under the direction of the Executive Director/Treatment Program Supervisor, families can be refused services if they choose not to fully participate in their commitment to healing

It is preferable that families to Sagashtawao Healing Lodge be forwarded through a referral source. This is to ensure that ongoing support or aftercare is continued when families complete the Family Healing program

The use of alcohol, illegal drugs and solvents by any family member will not be tolerated. Families will be asked to leave Sagashtawao Healing Lodge immediately if this condition is broken

Families will be asked to leave Sagashtawao Healing Lodge immediately if they commit incidents of violence against any individuals or any Sagashtawao Healing Lodge property

WAITING LIST

A waiting list starts once the capacity of Sagashtawao Healing Lodge is filled. As cancellations occur, the intake of families is made available from the waiting list. A waiting list is part of admission criteria and process and operation on first come, first serve basis.

CANCELLATIONS

Families are encouraged to phone Sagashtawao Healing Lodge if any cancellations are foreseen prior to the admission date. The family or referral worker should do this as soon as possible so that others can be considered who are on the waiting list

CONDUCT AND SAFETY INFORMATION

Sagashtawao Healing Lodge is a place of Healing and safety for families. It is expected that all family members follow rules and guidelines of Sagashtawao Healing Lodge. Copies of house guidelines and safety rules will be given to families.

Sagashtawao Healing Lodge is designated NON SMOKING. Smoking is permitted only in designated areas. No persons under the age of 18 yrs old is permitted to smoke on Sagashtawao Healing Lodge property

Use of alcohol/drugs and solvents will not be tolerated. Families will be asked to leave.

Emergency exits are identified and evacuation plans are posted in each room, this includes the teepee and activity rooms

All weapons are strictly prohibited in Sagashtawao Healing Lodge

Profanity and derogatory language not permitted in the healing setting of Sagashtawao Healing Lodge

Families will be assigned chores. It is expected to be followed and completed

Families are expected to participate fully in the programs

Families' visitors will not be allowed in Sagashtawao Healing Lodge while under the influence of alcohol/drugs and will be asked to leave

All medications must be handed in to be identified by the Treatment Program Supervisor and Counselors and will be stored. Families may access medication through staff on duty

Violence or sexual harassment will not be tolerated with. Families will be asked to leave Sagashtawao Healing Lodge immediately

Information / Checklist

Sagashtawao Healing Lodge:

- Laundry products and facilities are available for families' use.
- Sagashtawao Healing Lodge is not responsible for lost/stolen monies or valuables; there is a safe that families can keep their money in
- Absolutely no weapons allowed (knives, sharp instruments, etc.)
- There will be no outside contact for the first two weeks during the six-week program
- Phone calls are permitted after the second week. There is a pay phone provided. All families are required to use phone cards or to call collect

Bring the following items with you:

- Health Card
- Status Card
- Personal toiletry items i.e., toothbrush, toothpaste, shampoo, comb/brush, razor/shaving cream, deodorant, hand soap, feminine products and other hygiene items
- Outdoor wear – seasonal appropriate
- Sweat lodge/ceremonies attire, skirts/long dresses, men- shorts and towels
- Outdoor boots/inside shoes
- Sleeping wear or pajamas
- Slippers
- Prescribed medication (no over the counter drugs permitted)
- Spending money
- Cigarettes
- Baby formula
- Pampers
- Baby wipes
- Children/Youth immunization records
- 6 week homework package for all children/youth who are attending school
- All financial arrangements are to be taken care of before arriving at Sagashtawao Healing Lodge; however, you should bring some financial allowance/money for personal spending.

Please inform your family, friends, etc that your mail can be sent to:

Sagashtawao Healing Lodge
P.O. Box 99
Moosonee, Ontario P0L 1Y0



SAGASHTAWAO HEALING LODGE FAMILY HEALING PROGRAM REFERRAL FORM

REFERRAL AGENCY (Referral Worker must fill in all sections)

Referral Worker: _____

Referral Agency: _____

Address: _____

Postal Code: _____ Email: _____

Phone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

Requested Intake Date: _____

Any recommendations by Referral Worker: _____

Has the family accessed other organizations for help, support or healing i.e., Treatment facility, shelter, community human services, therapy, etc.: Yes No

Please specify what organization, when and why:

Organization: _____

When: _____

Why: _____

Additional detail: _____

Please indicate if the program or service has been completed Yes No

If no, please explain: _____

REFERRAL FORM

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GENERAL INFORMATION - FATHER

Last Name: _____ First Name: _____

Date of Birth: _____ Social Insurance Number: ____-____-____

Health Number: _____ Street Address: _____

Mailing Address: _____

Telephone Number: (____)____-____ Email: _____

Status Indian: Yes No Living on Reserve: Yes No If yes, how long? _____

Band Name: _____ Band Number: _____

Spiritual Beliefs: Traditional Roman Catholic Anglican Pentecostal Other

Language (s) spoken by client: English Cree Ojibway Other

Language (s) client reads: English Cree Ojibway Other

Language (s) client writes: English Cree Ojibway Other

GENERAL INFORMATION - Mother

Last Name: _____ First Name: _____

Date of Birth: _____ Social Insurance Number: ____-____-____

Health Number: _____ Street Address: _____

Mailing Address: _____

Telephone Number: (____)____-____ Email: _____

Status Indian: Yes No Living on Reserve: Yes No If yes, how long? _____

Band Name: _____ Band Number: _____

Spiritual Beliefs: Traditional Roman Catholic Anglican Pentecostal Other

Language (s) spoken by client: English Cree Ojibway Other

Language (s) client reads: English Cree Ojibway Other

Language (s) client writes: English Cree Ojibway Other

FAMILY INFORMATION

A) Number of family members wishing to attend: _____

B) List all members wishing to attend the Lodge:

NAME	GENDER (SEX)	AGE

C) Does the family require a crib or bedrail, etc,?: _____

D) Does family have any mobility aids, i.e., wheelchair, etc,?: _____

E) Does family require a special diet? _____

If yes, please specify: _____

F) Please provide list of any medical needs your family will need: _____

**SAGASHTAWAO HEALING LODGE
REFERRAL FORM**

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FAMILY STRENGTHS

Willing to change		Community Supports		Access resources	
Humor		Close knit		Read information	
Show affection		Spiritual		Open to education	
Stable		Positive outlook		Resilient	
Rely on each other		Supportive friends		Involved in community	
Prayer		Fishing			
Meditation		Berry picking			
Hunting		Camping			
Trapping		Cutting wood			

FAMILY SUPPORTS

Name	Relationship	Telephone Number

**SAGASHTAWAO HEALING LODGE
REFERRAL FORM**

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MEDICAL CONDITIONS - FATHER

Diabetes Yes No
Seizure Disorders Yes No
Chronic Respiratory conditions (asthma, COPD, etc,) Yes No
High blood pressure Yes No
Other, please list: _____

Medication: _____

Dosage: _____

It is very important to bring a six week supply available.

Allergies: _____

COMMUNICABLE DISEASES

Scabies Yes No
Lice Yes No
Other infestation Yes No
Ringworm or fungal infection Yes No
Measles Yes No
Mumps Yes No
Pertusis Yes No
Bronchiolitis Yes No
Gastro intern Yes No
Other communicable disease Yes No

*No person will be accepted until treatment has been completed or the contagious period is finished.

SPECIAL NEEDS

Does the client need any special, physical or psychological needs or disabilities? Yes No

If yes, please describe: _____

**SAGASHTAWAO HEALING LODGE
REFERRAL FORM**

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Are any of these issues affecting this Father now?

- | | |
|---|--|
| Suicidal behavior | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family loss (death, separation, divorce) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spousal / Child (loss) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Depression/sadness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family violence | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Anger | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Legal issues | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gambling addictions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Probation/parole | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sex addiction | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drug/alcohol abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unsolved/resolved childhood | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lack of parenting skills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Solvent abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grief counseling | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lack of culture knowledge | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Residential school | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lack of communication skills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Relationship issues | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Secondary Residential School Survivor (Did your parents attend residential school?) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lack of life skills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Abuse issues (sexual, physical) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SUBSTANCE ABUSE HISTORY

- | | |
|---|--|
| Alcohol | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drugs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has Father ever been to alcohol/drug treatment before | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Where: _____

When: _____

How long: _____

LEGAL INVOLVEMENT HISTORY

- | | |
|---|--|
| Is Father currently on probation/parole (provide copy of order) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| History of involvement with police | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outstanding charges | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Legal action/court pending | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please explain: _____

REFERRAL FORM

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What are the main issues Father hopes to address while in treatment? _____

Sagashtawao Healing Lodge is offering a Traditional Base family healing program. What ceremonies have you participated in in the past? _____

What ceremonies are you hoping to participate in as part of your healing, i.e., Sweat lodge, ceremonies, smudging, etc? _____

**SAGASHTAWAO HEALING LODGE
REFERRAL FORM**

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MEDICAL CONDITIONS - MOTHER

Diabetes Yes No
Seizure Disorders Yes No
Chronic Respiratory conditions (asthma, COPD, etc,) Yes No
High blood pressure Yes No
Other, please list: _____

Medication: _____

Dosage: _____

It is very important to bring a six week supply available.

Allergies: _____

COMMUNICABLE DISEASES

Scabies Yes No
Lice Yes No
Other infestation Yes No
Ringworm or fungal infection Yes No
Measles Yes No
Mumps Yes No
Pertusis Yes No
Bronchiolitis Yes No
Gastro intern Yes No
Other communicable disease Yes No

*No person will be accepted until treatment has been completed or the contagious period is finished.

SPECIAL NEEDS

Does the client need any special, physical or psychological needs or disabilities? Yes No

If yes, please describe: _____

**SAGASHTAWAO HEALING LODGE
REFERRAL FORM**

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Are any of these issues affecting this Mother now?

- | | |
|---|--|
| Suicidal behavior | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family loss (death, separation, divorce) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spousal / Child (loss) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Depression/sadness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family violence | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Anger | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Legal issues | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gambling addictions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Probation/parole | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sex addiction | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drug/alcohol abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unsolved/resolved childhood | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lack of parenting skills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Solvent abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grief counseling | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lack of culture knowledge | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Residential school | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lack of communication skills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Relationship issues | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Secondary Residential School Survivor (Did your parents attend residential school?) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lack of life skills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Abuse issues (sexual, physical) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SUBSTANCE ABUSE HISTORY

- | | |
|---|--|
| Alcohol | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drugs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has Mother ever been to alcohol/drug treatment before | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Where: _____

When: _____

How long: _____

LEGAL INVOLVEMENT HISTORY

- | | |
|---|--|
| Is Mother currently on probation/parole (provide copy of order) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| History of involvement with police | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outstanding charges | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Legal action/court pending | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please explain: _____

**SAGASHTAWAO HEALING LODGE
REFERRAL FORM**

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What are the main issues Mother hopes to address while in treatment? _____

Sagashtawao Healing Lodge is offering a Traditional Base family healing program. What ceremonies have you participated in in the past? _____

What ceremonies are you hoping to participate in as part of your healing, i.e., Sweat lodge, ceremonies, smudging, etc?

**SAGASHTAWAO HEALING LODGE
REFERRAL FORM**

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HEALTH QUESTIONNAIRE - FATHER

Date: _____ Referral Worker Name: _____

Family Intake date: _____ Family last name: _____

1. Have you ever had heart diseases/heart attacks Yes No
2. Does any family have heart disease/heart attacks Yes No
3. Do you have a history of high blood pressure Yes No
4. Do you have diabetes? Yes No
If yes, what type: _____
5. Does anyone in your family have diabetes Yes No
If yes, what type: _____
6. Do you have high cholesterol Yes No
7. Do you have trouble sleeping Yes No
8. Do you experience any headaches Yes No
9. Do you have panic attacks Yes No
10. Are you taking anti-depressant medication Yes No
11. Are you currently under the care of a doctor Yes No
12. Are you currently taking any prescribed medication Yes No
13. Do you have any drug or food allergies Yes No
14. Have you ever been treated or currently suffering from any of the following:
 - Cancer Yes No
 - Nervous or mental disorder Yes No
 - (STDs) Sexually transmitted diseases Yes No
 - Depression Yes No
 - Epilepsy Yes No
 - Other, please explain: _____

**SAGASHTAWAO HEALING LODGE
REFERRAL FORM**

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HEALTH QUESTIONNAIRE - MOTHER

Date: _____ Referral Worker Name: _____

Family Intake date: _____ Family last name: _____

1. Have you ever had heart diseases/heart attacks Yes No
2. Does any family have heart disease/heart attacks Yes No
3. Do you have a history of high blood pressure Yes No
4. Do you have diabetes? Yes No
If yes, what type: _____
5. Does anyone in your family have diabetes Yes No
If yes, what type: _____
6. Do you have high cholesterol Yes No
7. Do you have trouble sleeping Yes No
8. Do you experience any headaches Yes No
9. Do you have panic attacks Yes No
10. Are you taking anti-depressant medication Yes No
11. Are you currently under the care of a doctor Yes No
12. Are you currently taking any prescribed medication Yes No
13. Do you have any drug or food allergies Yes No
14. Have you ever been treated or currently suffering from any of the following:
 - Cancer Yes No
 - Nervous or mental disorder Yes No
 - (STDs) Sexually transmitted diseases Yes No
 - Depression Yes No
 - Epilepsy Yes No
 - Other, please explain: _____

REFERRAL FORM

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CHILD/YOUTH HEALTH QUESTIONNAIRE

Last name: _____ First Name: _____

Date of birth: _____ Health Card number: _____

1. Does your child/children have any health problems or concerns Yes No

If yes, please explain: _____

2. Does your child/children have a learning impairment Yes No

If yes, please explain: _____

3. Has your child/children been sick in the last two weeks: Yes No

If yes, please indicate the illness: _____

4. Is your child/children taking any prescription medication Yes No

Please indicate reasons, dosage _____

5. Does your child/children have any food, drug or material allergies Yes No

If yes, please list: _____

6. Does your child/children have trouble sleeping at night Yes No

7. Does your child/children nap during the day Yes No

Time: _____ What helps your child go down for a nap? _____

8. Does your child/children have any disabilities? Yes No

If yes, please indicate type: _____

9. Do you have any further comments/concerns: _____

Parents Signature: _____ Date: _____

Referral Worker's Signature: _____ Date: _____

**NOTE: THIS FORM TO BE COMPLETED FOR EACH CHILD/YOUTH
SAGASHTAWAO HEALING LODGE
REFERRAL FORM**

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Last name: _____ First Name: _____

Are any of these issues affecting this child/youth now?

- Suicidal behavior Yes No
- Family loss (death, separation, divorce) Yes No
- Spousal / Child (loss) Yes No
- Depression/sadness Yes No
- Abuse Yes No
- Family violence Yes No
- Anger Yes No
- Legal issues Yes No
- Gambling addictions Yes No
- Probation/parole Yes No
- Sex addiction Yes No
- Drug/alcohol abuse Yes No
- Unsolved/resolved childhood Yes No
- Lack of parenting skills Yes No
- Solvent abuse Yes No
- Grief counseling Yes No
- Lack of culture knowledge Yes No
- Residential school Yes No
- Lack of communication skills Yes No
- Relationship issues Yes No
- Secondary Residential School Survivor (Did your parents attend residential school?) Yes No
- Lack of life skills Yes No
- Abuse issues Yes No
- Peer Pressure Yes No
- Bullying Yes No

Substance abuse history

- Alcohol Yes No
- Drugs Yes No
- Has child/youth ever been to alcohol/drug treatment? Yes No

Where: _____

When: _____

How long: _____

Legal Involvement History

- Is child/youth currently on probation/parole Yes No
- History of involvement with police Yes No
- Outstanding charges Yes No

If yes, please explain charges: _____

**SAGASHTAWAO HEALING LODGE
PARTICIPATION CONTRACT**

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We, _____ and _____ will actively
name of mother name of father

participate and will ensure the active participation of our children in all treatment activities as developed with the staff of Sagashtawao Healing Lodge including:

Traditional ceremonies	Daily group sessions	Daily life skills lessons
Weekly family sessions	Weekly individual sessions	Academic lessons (homework)
Recreation activities	Daily chores	Cultural activities
Event outings	Social activities	Educational activities

Signatures:

Mother

Father

Witness (Referral Worker)

Witness (Referral Worker)

Date

Date



Consent for Release of Information

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Sagashtawao Healing Lodge collects and protects personal information under the authority of the “Freedom of Information Act” and “Protection of Privacy Act” for the purpose of operating the program and services of Sagashtawao Healing Lodge.

Sagashtawao Healing Lodge along with **James Bay Community Mental Health** and **Weeneebayko General Hospital** work in partnership to provide the quality of care for our clientele while in residence at Sagashtawao Healing Lodge.

Sagashtawao Healing Lodge requires a “Release of Information” to be signed by you to ensure we are providing the best quality of care in our screening process and while you are in residence at Sagashtawao Healing Lodge.

I, _____ voluntarily authorize Sagashtawao Healing Lodge to disclose and share all information collected in my referral package including medical information originally collected for the purpose of attending the alcohol and drug treatment program at Sagashtawao Healing Lodge.

I, _____ understand that this will be shared in consultation with James Bay Community Mental Health and Weeneebayko General Hospital to ensure the best quality of care in the screening process and while in residence at Sagashtawao Healing Lodge.

Client Name: _____ D.O.B.: _____
(Please Print)

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____



**SAGASHTAWAO HEALING LODGE
CONSENT FOR RELEASE OF INFORMATION**

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I, _____, hereby authorize
(name of client)

and consent for the release of the following information or documentation pertaining to the records or any portion thereof, as compiled by _____
(name of organization with the information)

regarding ***myself*** to be released to Sagashtawao Healing Lodge for purposes regarding continuation of service provision and/or referrals.

I also authorize and consent for the release of the following information or documentation pertaining to the records or any portion thereof, as compiled by **Sagashtawao Healing Lodge** regarding ***myself*** to be released to _____ for
(name of organization to release to)

purposes regarding continuation of service provision and/or referrals.

The information authorized to be released:

the release and referral of my client record on the AMIS to Sagashtawao Healing Lodge

Signature: _____ Date: _____

Witness: _____

This consent for release of information may be withdrawn at any time with written request by the client and/or will expire on _____.

Sagashtawao Healing Lodge
Created: January 6, 2015
Approved by: Dorothy Kioke, Executive Director

Release of Information
Date approved: January 6, 2016

SAGASHTAWAO HEALING LODGE
PRE-ADMISSION MEDICAL FORM
(To be completed by Physician *or* Nurse Practitioner)

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**THIS FORM IS TO BE COMPLETED BY EACH PERSON WHO WISHES TO ATTEND
OUR TREATMENT PROGRAMS (ADULTS & CHILDREN)**

SURNAME: _____ FIRST NAME: _____

Sex: M F D.O.B.(mm/dd/yr): ____ / ____ / ____ Health Card #. _____

Band/First Nation Name: _____ Band/First Nation Number:

Address: _____ City: _____

Postal Code: _____ Telephone: _____

I, _____ hereby request and consent for my physician to release medical facts and assessments about me to Sagashtawao Healing Lodge for the purposes of addictions treatment. The photocopy of my signature on this form is as valid as the original.

CLIENT'S SIGNATURE: _____ DATED: _____

PRESENT HEALTH CONDITIONS

Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Communicable Disease Yes No If yes, please list: _____

Other Medical Conditions Yes No If yes, please list: _____

Allergies

Food Yes No If yes, please list: _____

Medication Yes No If yes, please list:

Environmental Yes No If yes, please list: _____

Other Yes No If yes, please list: _____

TB Symptom Screening is now mandatory to be completed prior to entering the treatment program at Sagashtawao Healing Lodge. The Page 3 screening form is now a mandatory part of the Pre-Admission Medical Form.

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Psychological/Psychiatric Conditions Yes No Specify _____

Suicide Ideations: Yes No

Suicide Attempts: Yes No Other: _____

If yes to any health condition, please elaborate on progress to include dates of diagnosis, nature, outcome:

MEDICATION

List Current Medications	Purpose Medical Condition	Date First Prescribed

Is the client currently participating in a Methadone or Suboxone Maintenance Treatment Program?

Yes No If yes, please provide details _____

Is special diet indicated? Yes No

Is the client able to participate in a Sweat Lodge ceremony? Yes No

Does the client have any mobility issues? Yes No

Does the client use the following: Cane Walker Wheelchair Other _____

Symptom screening for Tuberculosis (TB)

1. Has the client ever had TB disease? NO YES

2. Has the client ever had a TB skin test? NO YES (If yes, date: _____ result: _____)

3. Does the client have any of the following symptoms?

New or worsening cough? NO YES How long? _____

Productive cough? NO YES Colour? _____

Fever? NO YES How long? _____

Chills? NO YES How long? _____

Fatigue? NO YES How long? _____

Night sweats? NO YES How long? _____

Weight loss? NO YES How long? _____

Loss of appetite? NO YES How long? _____

4. Is the client taking any antibiotics now? NO YES

Name: _____

5. Does the client have any other illnesses?

I hereby certify, that I have examined the above named individual as required, stating this person is free from communicable disease, stabilized, and that this person is physically, mentally, and emotionally able to undertake the program at Sagashtawao Healing Lodge.

Print Name of Physician/Nurse Practitioner: _____

Signature of Physician/Nurse Practitioner _____

Date: _____

Telephone: _____

Sagashtawao Healing Lodge is not responsible for any fees associated with completion of this form.

Sagashtawao Healing Lodge

Approved by: Dorothy Hookimaw

Executive Director

Pre-Admission Medical Form

Creation Date: August 11, 2014

Revised: